ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SD	25316	6/23/00
O.I.P.E. CLASSIFIER			7/1
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		64830	8-18

INDEX OF CLAIMS

✔	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim (Final / Original)	Date		Claim (Final / Original)	Date		Claim (Final / Original)	Date
1	3/5/04		51			101	
2			52			102	
3			53			103	
4			54			104	
5			55			105	
6			56			106	
7			57			107	
8			58			108	
9			59			109	
10			60			110	
11			61			111	
12			62			112	
13			63			113	
14			64			114	
15			65			115	
16			66			116	
17			67			117	
18			68			118	
19			69			119	
20			70			120	
21			71			121	
22			72			122	
23			73			123	
24			74			124	
25			75			125	
26			76			126	
27			77			127	
28			78			128	
29			79			129	
30			80			130	
31			81			131	
32			82			132	
33			83			133	
34			84			134	
35			85			135	
36			86			136	
37			87			137	
38			88			138	
39			89			139	
40			90			140	
41			91			141	
42			92			142	
43			93			143	
44			94			144	
45			95			145	
46			96			146	
47			97			147	
48			98			148	
49			99			149	
50			100			150	

If more than 150 claims or 10 actions
staple additional sheet here

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